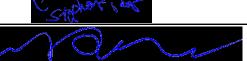
	]Fa	iled 🗌	Closed   IHH	State of Maine F	lea	lth	ı In	าร	pect	ion Report	t	_	Paç	ge 1	of 4			
										ionViolations		1	Date		4/16/2			
_	Establishment Name  As Authorized by 22 MRSA § 2496 N EDWARD'S RESTAURANT						lo. of Repeat Risk factor / Intervention Violations  Score (optional)						Time I		<u>10:00</u>			
	License Expiry Date/EST. ID# Address										Zip Code		Time Out Telephone		<u>11:00 AM</u>			
6/30/2014 / 145 770 MAIN ST						City LEWISTON					04240		207-7		21			
License Type Owner Name						Purpose of Inspection			on	License Pos	ted	<u> </u>	k Cate					
MUN - EATING PLACE TOWNLEY INC							•				No.	ı			g,			
							Regular No No S AND PUBLIC HEALTH INTERVENTIONS											
									ODLIO									
	Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item    N=in compliance   OUT=not in compliance   N/O=not observed   N/A=not applicable   COS=corrected on-site during inspection   R=repeat violation   COS=corrected on-site during inspection   COS=corrected																	
Co	mpl	iance Statu	S		cos	R		Con	npliance	Status					c	cos R		
Supervision Potentially Hazardous Food Time/Temperature																		
1		IN	PIC present, demonstra performs duties	ates knowledge, and			16		IN					na		_		
				loyee Health			18		IN	Proper reheati Proper cooling	<u> </u>			ng	-	+		
2		IN	Management awarenes		oxdappi	口	19		IN	Proper hot hold			,,,					
3		IN		g, restriction & exclusion		Ц	20		OUT	Proper cold ho						х		
4		IN	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	drinking, or tobacco use	Т	$\dashv$	21		IN	Proper date ma								
5		IN	No discharge from eyes		$\top$	Н	22		IN	Time as a publi	ic health cont	rol: pr	ocedure	es & re	cord			
			Preventing Conta	mination by Hands						Consu	mer Advisory							
6	IN Hands clean & properly washed						23		INI I		dvisory provided for raw or							
7		IN		vith RTE foods or approved					114	undercooked f								
			alternate method prope	· ·	+	Н				Highly Susce			161-					
8		IN	<u> </u>	g facilities supplied & accessible		Ц	24		IN	Pasteurized for offered	oas usea; pro	nibite	tooas	not				
		INI		red Source	_	$\blacksquare$					Chemical							
9		IN	Food obtained from app		+	Н	25		IN			prope	rlv used		$\overline{}$	$\overline{}$		
10 11		IN	Food received at prope	<u> </u>	+	Н	26		IN	Food additives: approved & properly used  Toxic substances properly identified, stored & used				sed				
11		IN	Food in good condition	•	+	Н				Conformance with Approved Procedures								
12		IN	Required records avail parasite destruction	able: snellstock tags			27			Compliance wi				cess.	Т	Т		
			·	rom Contamination	_		'		IN	& HACCP plan	,			,				
13	3 IN Food separated & protected										╗.							
14		IN Food-contact surfaces: cleaned and sanitized RISK Pactors are improper practices or procedures loc																
15		IN	Proper disposition of returned, previously served,    Proper disposition of returned, previously served,   Interventions are control measures to prevent foodborne illness or injury.															
			reconditioned, & unsaf	e food											,.			
				GOOD F				_										
			Good Retail Practices are	preventative measures to control the	additio	n of	patho	ogen	s, chemic	cals, and physical obje	ects into foods.							
Ma	rk ")	(" in box if n	umbered item is not in com	ppliance Mark "X" in appropriate	box f	or CC	OS an	nd/or	R (	COS=corrected on-site	e during inspec	tion	R=repe	eat viola	ation			
					cos	R									c	cos R		
Safe Food and Water Proper Us								e of Utensils										
28 IN Pasteurized eggs used where required						41 IN In-use utensils: properly stored												
29	IN		e from approved source		I		42	IN	Utensil	s, equipment, & line	ns: properly s	tored,	dried, 8	& hand	led			
30	IN	Variance o	btained for specialized p	processing methods			43	IN	Single-	use & single-service	articles: pro	perly s	tored &	used				
Food Temperature Control							44	IN	Gloves	used properly								
31	IN	•	oling methods used; ade	quate equipment for			Utensils, Equipment and Vending											
		temperatu			_	$\sqcup$	45	IN		non-food contact su								
32	_		properly cooked for hot	holding	+	$\sqcup$	<u> </u>	<del>  -</del>	<del></del>	ly designed, constru					+	+		
33 34	IN		thawing methods used		-		$\vdash$	-	t	ashing facilities: ins		ined, 8	k used;	test st	rips	_		
34	IN	Thermome	ters provided and accur				47	Х	Non-fo	od contact surfaces						X		
Food Identification							Physical Facilities  48 IN Hot & cold water available; adequate pressure							_				
35	IIN	roou prop	erly labeled; original con				48 49	-								+		
26	INI	lunanda un			_		$\vdash$	_		ng installed; proper						-		
36 37			dents, & animals not pro		+	$\vdash$	50 51	IN		e & waste water pro			& ala-	ned	-+			
37   N   Contamination prevented during food preparation, storage & display   38   N   Personal cleanliness				+	$\vdash$								+					
					+	Н								X				
						H	$\vdash$	-						1		<del>-  ^</del>		
40 N Washing fruits & vegetables 54 N Adequate ventilation & lighting; designated areas used																		
Per	son	in Charge (	Signature)	Stichar Lang							Date:	4/16/2	014					
	Health Inspector (Signature) Follow-up: ☐YES ✓NO Date of Follow-up:																	
		<u> </u>																

State of	Maine Hea	alth Inspect	Page 2 of 4						
Establishment Name EDWARD'S RESTAURANT				As Authorized by 22 MRSA § 2496					
Address 770 MAIN ST		City / State LEWISTON / ME		Zip Code 04240	Telephone 207-782-0231				
	emperatur	e Observat	ions						
Temperature			Notes						
41									
40									
40									
40									
110 plus									
165 plius	hot holding								
	Address 770 MAIN ST  Temperature  41  40  40  40  110 plus	Address 770 MAIN ST  Temperature  41  40  40  40  110 plus	Address 770 MAIN ST  Temperature Observat  Temperature  41  40  40  110 plus	Address 770 MAIN ST  City / State LEWISTON / ME  Temperature Observations  Temperature Notes  41  40  40  110 plus	Address 770 MAIN ST  City / State LEWISTON / ME  Temperature Observations  Temperature Notes  41  40  40  110 plus				

Person in Charge (Signature)

Health Inspector (Signature)



# **State of Maine Health Inspection Report**

Page 3 of 4

4/16/2014

**Establishment Name** 

6/30/2014

**EDWARD'S RESTAURANT** 

License Expiry Date/EST. ID# **Address** 770 MAIN ST /145

City / State LEWISTON

**Zip Code** 04240

# **Observations and Corrective Actions**

Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 and 8-406.11 of the Food Code

20: 3-501.16.(A).(2): C: PHF not maintained at 41 F or less.

INSPECTOR NOTES: corrected on site--butter packets 72-packets may be left out but need to be thrown away within 4 hours if not used..

46: 4-301.12.(A): N: A manual ware washing sink with at least three compartments not provided.

INSPECTOR NOTES: new 3 bay sink will be installed this year

47: 4-601.11.(B): C: Food contact surfaces of cooking equipment not clean.

INSPECTOR NOTES: clean baffels back of fryolator

47: 4-602.13: N: Non-food contact surfaces are not cleaned at a frequency necessary to preclude accumulation of soil residues.

INSPECTOR NOTES: clean all refrigerator door seals

49: 5-205.15: C: Plumbing system not properly maintained in good repair.

INSPECTOR NOTES: pipe leaking down in basement rea by hot water tank

53: 6-201.11: N: Floors, walls, and ceilings are not smooth and easily cleanable.

INSPECTOR NOTES: replace missing floor tiles--re-seal basement storage room floor

53: 6-201.17: N: Walls and ceiling attachments are not easily cleanable.

INSPECTOR NOTES: repair water leak stain ceiling tiles

Person in Charge (Signature)

Date: 4/16/2014

Health Inspector (Signature)

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State of Maine Health Inspection Report									
Establishment Name					D <u>ate</u>	4/16/2014			
EDWARD'S RESTAURANT									
License Expiry Date/EST. ID# 6/30/2014 / 145	Address 770 MAIN ST	City / State LEWISTON	ME	Zip Code 04240					

# **Inspection Notes**

## Certified Food Protection Manager

- Unless directed otherwise, effective January 18, 2012 establishments have to have a Certified Food Protection Manager (CFPM) at each establishment per 10-144 CMR, Chapter 201, Section 2.
- A CFPM must be hired within 90 days of a new establishment opening or when the only CFPM leaves the employment of the establishment.
- For a list of CFPM courses and trainers go to: www.maine.gov/healthinspection/training.htm
- Upon completion of the CFPM course, please fax cover sheet and course certificate to (207) 287-3165. On the cover letter please send to the attention of Carol Gott and include your establishment name and establishment license number. Her phone number is 287-5675. You can also mail a copy, with establishment ID number, to her at 286 Water St, 3rd Floor, 11 State House Station, Augusta, ME 04333-0011.

### Violation Correction Time Frame

- Critical Violations should be corrected on site, but, in any event, within 10 days. The licensee must contact the inspector when the critical violation has been addressed. Please send an e-mail to [sreny@lewistonmaine.gov or call Susan Reny at 513-3125 etx 3224].
- Non-critical violations must be corrected no later than 90 calendar days after the inspection. The Department may approve a compliance schedule that extends beyond the time limits if a written schedule of compliance is submitted by the Permit Holder and no health hazard exists or will result from allowing an extended schedule for compliance.
- Failure to satisfactorily correct these violations before the follow-up inspection may result in enforcement proceedings by the Department, which are outlined in Sections 7, 8, and 9 of 10-144 CMR Chapter 201 available at: www.maine.gov/dhhs/eng/el/rules.htm

#### **Documentation Retention**

- A copy of the most recent inspection report must be maintained at the establishment and be made available to the public upon request.
- A copy of all CFPM certificates must be maintained at the establishment.
- The establishment's current license must be displayed.

Stephen Towley Exp 2017 Cert# 20708951 is a CFPM

Person in Charge (Signature)

Date: 4/16/2014

Health Inspector (Signature)

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